MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers from: 1/1/03 to 12/31/03
Mo Day Year   Mo Day Year

1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.
00136804	Williams	Denise	L.

2. Committee Name
CTE Denise Williams

4a. Office Sought Including District # or Community Served (If applicable)
N/A

4b. County of Residence *Macomb*

5. Committee's Mailing Address
29410 Grandview, MI
Harrison Twp., MI
Area Code and Phone *586-463-6044*

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Same as above

Area Code & Phone (____) ____-_____

7. Treasurer's Business Address
N/A

Area Code and Phone (____) _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (____) _____

9. TYPE OF STATEMENT

9a. ☐ Pre-Election   **OR**   9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary   ☐ General

☐ Convention   ☐ School

☐ Special   ☐ Caucus

Date of Election, Convention or Caucus

_____
Month   Day   Year

9c. ☑ Annual Statement (*2003* Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

_____
Month   Day   Year

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper *Denise Williams*
Type or Print Name   *Denise Williams* Signature   Date *1/30/06*
Mo Day Year

Candidate _____
Type or Print Name   Signature   Date ____ Mo Day Year

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____ 00136804
2. Committee Name _____ CTE Denise Williams

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) $ _____ 0	(18.) $ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ _____	(19.) $ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) $ _____	(20.) $ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ _____	(21.) $ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $ _____	(22.) $ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ _____	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $ _____	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $ _____	(23.) $ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $ _____	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $ _____	(24.) $ _____
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) $ _____ 0	
b. Owed to the Committee (Schedule 1E)	(12b.) $ _____	

BALANCE STATEMENT

13. Ending Balance of last report filed   (13.) $ 1,277.18
    (Enter zero if no previous reports have been filed.)
14. Amount received during reporting period   (14.) + $ 0
    (Line 5, Total Contributions & Other Receipts)
                                                   (15.) = $ 1,277.18
15. SUBTOTAL Add lines 13 and 14
16. Amount expended during reporting period   (16.) - $ 1,277.18
    (Add lines 9 and 11)
17. ENDING BALANCE   (17.) $ 0   *
    (Subtract line 16 from line 15)

*If your ending balance is negative, please recheck your math.

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name *Denise Williams* Address *29410 Grandview* *Harrison Twp, MI 48045* ☐ Fund Raiser	Purpose: *Repayment* ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/8/03	1,277.18
Expenditure #2 Name Address ☐ Fund Raiser	Purpose:_____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page

Page _____ of _____

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number __00136804   50__

2. Committee Name __CTE Denise Williams__

This Schedule Itemizes:

a. ☑ Debts and obligations owed by or forgiven the committee   OR   b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Denise Williams 30516 Manse Harrison Twp., MI 48045	4. Type: Food + Bevs Code FC 5. Date Debt Was Incurred: 7/27/00 6. Original Amount of Debt: $ 736.99	9/19/06 270.48 / / $ / / $ / / $ / / $	$ 270.48	$ 466.51 ☑ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by: Denise Williams 30516 Manse Harrison Twp., MI 48045	4. Type: Loan Code PA 5. Date Debt Was Incurred: 7/12/00 6. Original Amount of Debt: $ 200.00	/ / $ / / $ / / $ / / $ / / $	$ 0	200.00 ☑ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by: Denise Williams 30516 Manse Harrison Twp., MI 48045	4. Type: Loan Code PA 5. Date Debt Was Incurred: 5/22/00 6. Original Amount of Debt: $ 2,450.00	3/8/03 4,277.18 / / $ / / $ / / $ / / $	4,277.18	4,172.82 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page __1__ of __2__ Authority granted under P.A. 388 of 1976   CFR   REV 7/1999c-1e

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number **00136804   50**

2. Committee Name **CTE Denise Williams**

This Schedule Itemizes:

a. ☐ Debts and obligations owed **by** or forgiven the committee   OR   b. ☐ Debts and obligations owed **to** or forgiven **by** the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: *Denise Williams* *30516 Manse* *Harrison Tap., MI* *48045* If bank loan, name of endorser or guarantor: _____	4. Type: *Loan* Code *PA* 5. Date Debt Was Incurred: *5/19/00* 6. Original Amount of Debt: $ *320.00*	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$ *0*	$ *320 00* ☑ FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by: If bank loan, name of endorser or guarantor: _____	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	☐ FORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by: If bank loan, name of endorser or guarantor: _____	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $		☐ FORGIVEN

Page Subtotal (Outstanding debt)	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)	

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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